



Request for Release of Medical Records

Please print in all the spaces.

850 S Henrickson Road
PO Box 310
Dewey, AZ 86327
WWW.KachinaAnimalHospital.com
KachinaAH@gmail.com

Office: 928-772-8225
Fax: 928-759-0235

Client Name _____			
Mailing Address _____	City _____	State _____	Zip _____
Physical Address _____ different from above	City _____	State _____	Zip _____ If
Home Phone _____	Cell Phone _____	Emergency Phone _____	
Pets Name _____	Canine / Feline / Other _____		
Breed _____	Male / Female	Spayed / Neutered?	_____
Color _____	Birth Date _____		

Request for Release of Medical Records

I request that copies or summaries, as required by state law, of the medical records pertaining to my animal(s) named _____ be released to Kachina Animal Hospital via fax, mail or email.

Kachina Animal Hospital

850 S Henrickson Rd, Dewey AZ 86327

Fax Number: 928-759-0235 Email address: kahclientservice@gmail.com

Signature of Owner or Authorized Agent

Date